

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2	1		1				52						
3	2			1			53						
4	1			1			54						
5	1			1			55						
6	1		1				56						
7	1		1				57						
8	1		1				58						
9	2			1			59						
10	2			1			60						
11	1		1				61						
12	1			1			62						
13				1			63						
14				1			64						
15				1			65						
16				1			66						
17							67						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			↓	4	↓								
TOTAL DEP.			←	12	←								
TOTAL CLAIMS			16										
								↓					
								↓					
								←					
								←					
								←					